MANAGED RISK MEDICAL INSURANCE BOARD
Healthy Families Program Advisory Panel Summary
Meeting of February 1, 2006
West Sacramento, California

Members Present:	**Jack Campana, Martha Jazo-Bajet, M.P.H., William Arroyo, M.D., Michael Kirkpatrick, Heather Bonser-Bishop, Maria Villalpando, Ellen Beck, M.D., Steven Tremain, M.D., Barbara Clifton-Zarate, M.P.H., Leonard Kutnik, M.D., Paul Morris, D.D.S., Ronald Diluigi**
Staff Present:	**Lesley Cummings, Janette Lopez, Vallita Lewis, Ruth Jacobs, Ernesto Sanchez, Judith Torres, Mary Watanabe, Adriana Alcala, Elva Sutton**
Board Members:	**Virginia Gotlieb, M.P.H., Areta Crowell, Ph. D.**

Introductions

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking the Panel members, staff and the audience to introduce themselves.

Review and Approval of the August 3, 2005 Healthy Families Program (HFP) Advisory Panel Meeting Summary

Mr. Campana announced that there had been an update to the Meeting Summary after it was mailed out. The corrected version was put on the table in front of the Panel members as well as with the public materials. Mr. Campana asked if they could quickly review the minutes to see if any revisions were needed.

Paul Morris, D.D.S. requested that the following changes be made:

Page 3, sixth Paragraph:

"He [Dr. Morris] stated that he would like to see wrap around dental coverage as part of the expansion of ~~benefits~~ population covered."

Page 7, third and fifth paragraphs respectively:

"She added that part of the problem is coordinating with the family, the ~~orthodontist~~ dentist and the anesthesiologist and then if there is a cancellation, the provider has to find another family to come in or pay for it."

“Ms. Lewis stated that the main concern is that there are not enough ~~orthodontists~~ dentists willing to perform this procedure.”

Page 8, third and sixth paragraphs respectively:

“Dr. Morris said that the cost for this procedure is between ~~$1,800~~ $800 and ~~$2,000~~ $1,200. Medi-Cal will reimburse approximately ~~$200~~ $100 so there are not many providers who are willing to do this.”

“He [Dr. Morris] added that many dentists ~~don’t like to use general anesthesia on a child, but they also fear restraining the child.~~ prefer not to use oral conscious sedation and/or restraint.

Mr. Campana asked Janette Lopez, Deputy Director of the Eligibility, Enrollment and Marketing Unit for the Managed Risk Medical Insurance Board (MRMIB), if there were any major changes made to the updated meeting summary. Ms. Lopez stated that the changes were made by Vallita Lewis, Deputy Director of the Benefits and Quality Monitoring Unit at MRMIB, to the Dental portion of the meeting summary.

The Panel approved the August 3, 2005 HFP Advisory Panel Meeting Summary with the requested amendments.

Recruitment of Subscriber with Special Needs Representative

Ms. Lopez stated that she had not received any applications for the “Subscriber with Special Needs Child” vacant position. She said that this has always been a challenging position to fill because we are taking that parent away from a child that has special needs in order to be present at the meeting.

Ms. Lopez stated that she is working with California Children’s Services (CCS) to identify possible candidates by accessing CCS enrollment information and matching it to HFP subscribers using CCS services. Due to HIPAA, CCS and MRMIB will need to resolve compliance issues related to the release of personal health information (PHI). Ms. Lopez will be sending a personal letter to these subscribers, specifically to those who live in Sacramento and the surrounding area, and she hopes this will minimize any inconvenience that it would be to the parent.

Lesley Cummings, Executive Director for MRMIB, added that it is also the case that this child could be one with mental health problems. Ms. Lopez responded that she has not attempted to work with the Department of Mental Health (DMH) yet. Ms. Cummings stated that it would be difficult because it would be working with the county, and then asked if anyone from the mental health field could assist. William Arroyo, M.D., stated that he could work with the family advocacy

organization, which is based here in Sacramento, to assist in the search for someone locally.

Areta Crowell, Ph.D., MRMIB Board Member, stated that there is a possibility of a list matching being done because DMH knows the children from Healthy Families who are being paid through the county.

Ms. Lopez acknowledged that the process will be a challenge and let Dr. Arroyo know that she would be glad to work with him to see what can be done.

Martha Jazo-Bajet, M.P.H. asked Ms. Lopez if the health plans in Sacramento could assist in identifying a child. Ms. Lopez let Martha know that the idea is something that has not yet been attempted.

Election of a Chairperson

Mr. Campana stated that he has enjoyed serving MRMIB and representing the Panel. In his current position he has represented the Panel at Board meetings. He currently works throughout California at school sites with the Department of Health Services (DHS) in both rural and urban areas. He stated that he has enjoyed doing this work throughout the state and seeing how it has expanded. Mr. Campana let the Panel members know that he was willing to serve another term.

Ms. Lopez stated that a chairperson is nominated every year to serve a one year term. She stated that the first order of business would be to re-elect Mr. Campana, unless there was anyone else interested. The Panel members unanimously re-elected Mr. Campana as the HFP Advisory Panel Chairperson.

Mr. Campana reflected that he would like to see every child have access to health care before he retires. He then thanked everyone for their vote of confidence.

Dr. Beck added that it was the Panel's appreciation of the quality and depth of work done by Mr. Campana that led them to re-elect him as the Chairperson.

Strategic Planning

Dr. Beck presented the responses that she had received via e-mail regarding the strategic planning list. She stated that if everyone was comfortable with the items suggested, they would be added onto the list. Dr. Beck asked the Panel if they should simply keep the list in mind as opportunities present themselves or if they would like to work strategically with other Panel members, as some people had offered in their e-mail responses.

The Panel discussed the suggestions that were made and agreed to add the following items to the list:

- A separate bullet for Medical Services under item 1
- "Ensure sufficient providers and resources are available to provide quality and timely services" to be added to item 1 under Medical Services
- "Dental anesthesia service in office" to be added to item 3
- "Fluoride varnish application by physicians" to be added to item 3
- "Wrap-around dental and vision coverage (i.e. gap coverage for families that have medical but not dental or vision coverage" to be moved to item 4
- "Avoid duplicate services" to be added to item 4
- "Ensure seamless coordination of state and county coverage so that all children are covered" to be added to item 4
- "Facilitate access to CCS services, including improved education and communication of application process and access to special services such as dental" to be added to item 7
- "Mental Health (Prop 63)" added to item 7

Mr. Campana stated that in his discussions with Ms. Lopez, it is clear that expanding access is not just about getting new members, but it is also about working with health plans to ensure that they are reaching out to children. He added that he wants to be sure that the children already on HFP are getting the services that they are entitled to. He then asked how the Panel could coordinate with MRMIB staff that direct the health plans to be sure that this is happening.

Barbara Clifton- Zarate, M. P. H. stated that in her county there is only one clinic available for the entire county of Marin to serve the uninsured population and the 12,000 people in the low cost health insurance programs. Ms. Clifton-Zarate asked if there was a way to work with the plans to make sure that there are providers in the community. Dr. Beck stated that this situation was an example of true and false access where there may be an eligible benefit, but it may as well not exist if there is no one to perform the benefit. Ms. Clifton-Zarate commented that Marin is a high cost county, so there are plenty of providers; however they are not contracted HFP providers. Mr. Campana stated that there needs to be a better job done in educating people.

Dr. Beck asked Maria Villalpando to explain her experience with CCS and her recommendation. Ms. Villalpando explained that it was a very difficult task and that the dental office did not offer any information about CCS or even let the parents know that it is an option when a service is not covered by HFP. Ms. Villalpando suggested that there be contact information for CCS in the HFP handbook for parents so that they know it is an option. Ms. Villalpando also asked if there could be information in the HFP handbook to assist parents in determining at what point their child is eligible for CCS services and to let them know that they can initiate the process with CCS.

Ms. Lopez stated that the handbook was in the process of being updated, and that she would work with Ms. Villalpando to add information about CCS.

Dr. Morris stated that he contacted his local CCS office to see if he could refer directly to the CCS office, but he was told that dentists have to refer patients directly to the local CCS orthodontist in the area. He said that the problem with that process is that the only provider in the area is a clinic which Dr. Morris has tried unsuccessfully to meet with numerous times.

Ms. Villapando stated that she was surprised CCS would want a dentist to recommend a patient directly to a CCS provider because she had to go through the CCS office herself without any help from her dentist. Dr. Beck stated that as part of the strategic plan it would be beneficial to improve the relationship with CCS. Dr. Beck again agreed to look at all of the items on the list and put it together. Mr. Campana asked her to send out the revised list and see where the interest is from the responses and maybe at the next meeting the list can be reduced to one or two items.

Leonard Kutnik, M.D., stated that the Panel should not present a list of seven items to the Board without effectively prioritizing it to one or two items. He suggested putting together a submerged list of all the priorities. Mr. Campana was in agreement to the suggestion of choosing one or two items. Dr. Kutnik clarified that the list does not have to necessarily be cut down to one or two issues, but the Panel has to think pragmatically about the list and see what issues are more reachable in the next year or two.

Dr. Beck stated that she would like to keep all of the items on the list and just prioritize every item on the list. Dr. Tremain asked if the list was effectively in a bullet format and not already numbered in priority order. Dr. Beck replied that the list was not already prioritized.

Dr. Tremain suggested that in the e-mail exchange of the strategic planning list, the Panel Members discuss how to prioritize. Heather Bonser-Bishop said that the Panel has spent almost a year working on the strategic planning list and that by the next meeting it should be finalized and ready for presentation. Dr. Beck commented that people need to reply to the e-mail with suggestions.

Mr. Campana asked if someone could find the actual process at the state level or any document that will guide a person through the process of how to get services through CCS. Ms. Cummings replied that MRMIB can report back at the next meeting what the CCS office advises the process to be. Dr. Kutnik informed the Panel that CCS offices are all locally controlled and it would not be beneficial to contact one of the offices. Ms. Cummings stated that she would be asking the CCS office about whether a provider refers to the CCS office or if the provider refers to another provider.

Ms. Jazo-Bajet stated that CCS is administered county wide and every county will administer it differently, however providers are paneled by CCS and it is statewide. She said that the first step should be to have a list available of all CCS orthodontics statewide. Ms. Cummings responded that this is a problematic area for CCS generally, and that it is a situation of inadequate access, so an abundant list would be a false promise.

Budget Update

Ms. Cummings gave an overview of the Budget highlights. She stated that the Healthy Families budget totally funds projected enrollment, continues to provide funding for Certified Application Assistant (CAA) payments and includes funding for the Consumer Assessment of Health Plans Survey (CAHPS), a fundamental element in the quality process.

Ms. Cummings stated that there is trailer bill language that amends the HFP and Access for Infants and Mothers (AIM) statute to include requiring a mother to prepay for enrollment of her child into HFP to ensure that the child is enrolled at birth. Ms. Cummings explained that this process would expedite the HFP enrollment process, as the name, date of birth and gender information can be faxed in. Ms. Cummings also mentioned that the Administration has committed to taking the electronic application public, and the California Healthcare Foundation will finance much of the cost related to this change. She stated there will be changes to the enrollment process that will ease the application process and minimize incomplete applications. The changes include: eliminating the requirement for submission of premium with application, and the requirement that families make a plan selection, one will be assigned.

Ms. Lopez talked about the $20 million outreach proposal in Medi-Cal, which will be for county outreach grants. Ms. Lopez stated that the money will be disbursed to the top 20 counties having the greatest number of uninsured children eligible for public programs and not enrolled (based on California Health Interview Survey (CHIS) data). The budget also has $3 million for the counties that did not make the top 20 list. Dr. Beck asked if counties will actually have to apply for this money and Ms. Lopez answered that DHS has developed a methodology to distribute the county allocation. DHS will request an outreach plan that includes specified elements and deliverables.

Ms. Cummings stated that the Director of DHS wanted to emphasize that the funds are intended for Community outreach and that allocation to county health departments is the fastest way to get the funding out.

Dr. Beck asked if the goal is to maximize the number of children enrolled. Ms. Lopez replied that enrollment and retention are the number one goals.

Ms. Jazo-Bajet explained that DHS establishes threshold languages by county based on residency and census data. Based on the established threshold languages, Ms. Jazo-Bajet asked if and how Medi-Cal would incorporate this into the outreach grants. Ms. Lopez replied that it is up to the local county health department to decide how the outreach funds will be spent however each county health department will be required to submit an outreach plan to DHS identifying various elements of the plan and milestones. The objective of issuing outreach grants to counties is to get the money out quickly and to allow the county to address the local needs of language and culturally appropriate outreach.

Dr. Tremain stated that he was confused about the opening numbers that represent the HFP enrollment estimate. Ms. Cummings replied that MRMIB does enrollment estimates two times a year, and the best estimate is the 827,298.

Mr. Kirkpatrick asked how much the premiums for automatic enrollment of an AIM infant would be. Ms. Lopez stated that MRMIB would require several months of premium payments in advance and that details are still being worked out, but the biggest concern is to assure the plans that they will get paid and to not delay the enrollment of the newborn baby into HFP.

Legislative Update

Ms. Cummings briefly reviewed the State Legislative Status Report and highlighted the legislation that pertained to HFP and that would be of interest to the Panel.

Dental Issues

Dr. Morris reflected that six months ago the Panel had an excellent discussion on general anesthesia in the dental office and there were a lot of unanswered questions. In an effort to help answer these questions, Dr. Morris invited Dr. Tom Lenhart and Dr. Paul Reggiardo to make presentations to the Panel on the use of anesthesia in the dental office.

Dr. Lenhart gave the history of how general anesthesia has been practiced for over 160 years as an intricate part of dentistry since the development of the profession. He also explained that there are only five people who can legally provide anesthesia in America: 1)Doctors of Medicine (M.D.), 2)Doctors of Dental Medicine (D.M.D.), 3)Doctors of Dental Surgery (D.D.S.), 4) Doctors of Osteopathic Medicine (D.O), and 5)a Certified Nurse Anesthesiologist under the direct supervision of any of the first four providers. Dr. Lenhart also stated that Anesthesiologists are licensed by the American Society of Dentist Anesthesiologists and the American Dental Board of Anesthesiology, which have six full time dental accredited programs in the United States. Dr. Lenhart stated the qualifications of a Dental Anesthesiologist would be a two to three year

residency program and to function as a medical resident in their third year. He then stated that Dental Anesthesiologists are allowed to provide anesthesia in hospitals, surgery centers, office settings, and that only in California is a dentist limited to providing anesthesia in a dental office under a dental office license. Dr. Lenhart stated that anesthesia is safer today because there are guidelines and laws established for a level of safety by the American Dental Association. He said that patients are selected by review of their health history and in consultation with their physician to determine if it is safe to perform general anesthesia in the office setting. Dr. Lenhart finished by commending the Panel on their advocacy for children in California.

Ms. Bonser-Bishop thanked Dr. Lenhart and stated that she has learned a lot and is intrigued by access to care and by how challenging it has become.

Dr. Beck asked if the benefit were to be approved, would dental anesthesia in a private office setting be done only by people with full time training and approved as dental anesthesia specialists. Dr. Lenhart replied that dentistry as a whole has licenses and guidelines for oral conscious sedation, intravenous (IV) conscious sedation, deep sedation, and general anesthesia.

Dr. Tremain asked what exactly Dr. Morris was asking the Panel to consider. Dr. Morris responded that he would like the Panel to recommend to the Board that general anesthesia be considered a HFP benefit if performed by an anesthesiologist. Dr. Tremain stated that there are concerns of deaths in offices that do deep sedation and where should the Panel draw the line on general anesthesia being a covered benefit.

Dr. Reggiardo stated that he would be discussing whether the benefit of general anesthesia should be extended for use in an office setting. He stated that it is challenging to treat a child with many dental problems. Dr. Reggiardo then explained the choices for treating a child. He first explained conventional dental restorative care with local anesthetics. If untreatable by the first choice, then there is oral conscious sedation, which requires a California certificate by education training. Dr. Reggiardo stated that in order to provide oral sedation, a person must obtain this certificate. Dr. Reggiardo next explained Parenteral Conscious Sedation which requires a California permit, issued by education, through examination, and site evaluation. He went on to state that the next level is general anesthesia: in an office provided by a licensed dental or medical anesthesiologist, usually IV, or in an accredited surgical facility, whether it be a hospital, or a surgery center.

Ms. Cummings asked if commercial insurance plans cover these benefits and if it is legal. Dr. Reggiardo answered that some insurance plans do and that it is legal. He said that there is a Model Dental Benefit Plan (MDBP) which defines services that should be provided under any commercial or government plan.

Dr. Lenhart mentioned that the Dental Board of California provides a licensing category and a mechanism for in office conscious sedation and general anesthesia. Ms. Cummings asked if the Dental Board had a position on general anesthesia occurring in the dental office. Dr. Reggiardo answered that the Dental Board does not take positions, they license, discipline, and enforce.

Dr. Beck asked if HFP currently provided any benefit for in office sedation. It was determined that HFP only covers oral conscious sedation.

Dr. Reggiardo then explained the demand for the services and the capacity to provide that service if HFP were to provide it.

Dr. Beck asked how abuse of general anesthesia would be prevented, or people overusing it. Dr. Reggiardo stated that it would not be hard because the American Academy of Pediatric Dentistry (AAPD) has a list of uses for general anesthesia based on age and need. He added that it would also be based on their health history. Ms. Bonser-Bishop stated that she is not concerned about overuse because there is a limited amount of dental anesthesiologists.

Ernesto Sanchez, Special Projects Section Manager in the Eligibility, Enrollment, and Marketing Division for MRMIB, asked if the case examples were procedures in a hospital under Medi-Cal and if there was a way to separate the number of adults needing the procedure. Dr. Reggiardo stated that about the same number of adults require the procedures.

Dr. Kutnik asked Dr. Reggiardo to clarify what Denti-Cal covers versus HFP. Dr. Reggiardo stated that Denti-Cal covers general anesthesia as a benefit and HFP does not. Dr. Kutnik then asked if Dr. Reggiardo wanted the Panel to recommend to the Board that the HFP dental benefit at least include the equivalent benefit of Denti-Cal. Dr. Reggiardo replied that Dr. Kutnik was correct.

Dr. Morris stated that the Panel needs to discuss an increase in reimbursements. Ms. Cummings said that the Board does not dictate the amount of reimbursement because we send payments to the Health Plans. She explained that Medi-Cal/Denti-Cal is a fee for a service where HFP pays managed care rates, which means the rate is decided by the plan.

Dr. Beck asked if oral surgeons are allowed to perform general anesthesia in their own office, if their own office has a permit. Dr. Reggiardo answered that they are able to do this in their office. Dr. Tremain stated that as long as the oral surgeon is not also doing the surgery along with the anesthesia.

Mr. Campana stated that this needs to be written as proposed legislation so that a cost analysis can be done.

Dr. Reggiardo stated that it is less expensive to use general anesthesia in the dental office. He explained that an average HFP case involves 8-12 teeth with an average time of 1 ½ to 2 hours and normally a two hour case is $2,000. Dr. Reggiardo asked if the Panel could have an ad hoc committee look at reimbursement rates and Ms. Cummings replied that the Panel does not set provider reimbursement rates nor does the Board.

Ms. Cummings asked Gayle Mathe, with the California Dental Association (CDA), a question about an item on page five of the Dental Issue Summary, Attachment 8a, regarding legislation in 2002. Ms. Cummings wanted to know how the legislation would be different. Ms. Mathe stated that the decision for Denti-Cal to reimburse in-office anesthesia came after this legislation was written. Robert Isman, from DHS, stated that Denti-Cal's decision to cover in office anesthesia was fairly recent.

Dr. Tremain made a motion for Dr. Morris and his colleagues to provide at the next meeting a draft policy and procedure to include what kind of sedation is being discussed. Dr. Tremain would like for the draft and policy procedure to state where the sedation can be done, who can provide the sedation and what their license or training is, that it is a separate dedicated anesthesia professional, criteria for a patient receiving services including age and disease categories, some statement of equipment used for monitoring, recovery process, and an estimate of the real access that it would bring to California Healthy Families children. He then asked that it be submitted in a cost format that would allow the MRMIB staff to get a cost analysis should it arrive at that point for the Panel to pursue it.

Dr. Morris stated that his vision is for the Advisory Panel to advise the Board about dental anesthesia being provided by a separate qualified provider and have the Board form a task force to look at this issue.

Mr. Campana stated that it would be difficult for the Board to come up with a group that does not include practitioners and other organizations. He said it would be better if the Panel let the Board know what is being proposed and have something be given to the Board.

Dr. Arroyo stated that this issue sounds like a bit of work and asked if there was money available or if there is another body that can do this work. Ms. Cummings stated the process would be that once the proposal is flushed out and very specific, then MRMIB would send it over to their actuary. Dr. Arroyo asked who will be paying for the work. Dr. Tremain stated that the motion was for everything to be provided by the CDA and no government work, and for everything to be brought to the Panel in a format where a cost analysis can be done.

Mr. Campana gave his support on the recommendation and said that once the item is received from the CDA, it would go either to the Panel or to the Board where a process is followed.

Ms. Cummings explained that Dr. Morris et al. would like MRMIB to change the benefit regulations by making a recommendation to the Board to include this benefit that would have some cost that needs to be identified, then we would have to get the money, or increase the cost of that benefit through the budget process.

Ms. Jazo-Bajet asked if there were any Dental Plans at the table or in the audience and that she would be interested in their perspective on this issue's potential, mainly because the dental plans would be administering this benefit.

Ms. Mathe said that CDA does not have utilization data or hospital information, dental plans do, but they have no reason to give it to the CDA. Ms. Mathe stated if a public process were initiated, then dental plans would forward CDA the information.

Ms. Cummings stated that the Panel and the Board meetings are a public process where discussions are held, and working groups or subcommittees of the Board to explore issues are not usually set up.

Ms. Mathe stated that she wanted to know where the process would begin for a cost analysis to go.

Dr. Crowell reiterated that the Advisory Panel is the process, and its existence is to advance issues to the Board with public input.

Dr. Arroyo asked if the rest of the items on the planning list that Dr. Beck has so generously compiled would be held to the same standard being requested for this issue. Dr. Arroyo stated his reservation is that the Board will never hear the issues if detailed analysis is first required.

Dr. Tremain stated that this issue is different because the majority of the items on the list for potential discussion do not have significant issues of safety. He said that this discussion is being brought up because there is potential risk if this is not done properly. Dr. Tremain said that this is why he believes that this is a special issue.

Mr. Campana stated that he thinks that each issue should be looked at independently. He said the Panel should try to focus on one or two items at a time. He thanked all of the guest speakers for providing everyone with good background and education. Mr. Campana stated that the time seems to be an issue and he will talk to Ms. Cummings about trying to make the meeting more frequently or longer and that meetings should not be canceled in the future.

Dr. Tremain added that the Panel is a byproduct of the community being more actively engaged and if there are going to be active discussions, then every three months won't work. Mr. Campana replied that the budget doesn't allow the Panel to meet more frequently as it did in the past. Ms. Cummings stated that there is the budget concern, but also an executive order that was issued, which states that meetings be held quarterly. This was when the Panel meetings were moved from two months to three months.

Dr. Beck said that 12 hours per year should be looked at as being a minimal commitment and that 10:00 a.m. – 1:00 p.m. is a fair commitment and is easier than trying to meet more often.

Ms. Bonser-Bishop suggested doing conference calls between meetings. Ms. Cummings replied that she will need to talk to MRMIB's Chief Counsel, Laura Rosenthal, but there have been problems in the past with having conference calls with the Board. She said that every location where the phone is would have to be open to the public.

Dr. Tremain suggested having timed agendas in order to have structured discussions and have time limits on all items. Mr. Campana explained that it is very difficult not to have every panel member express their ideas and didn't think that would be possible.

Report on Institute of Medicine's "Crossing the Quality Chasm in Behavioral Health: Improving the Quality of Health Care for Mental and Substance-Use Conditions"

Dr. Crowell presented a brief summary of the Institute of Medicine's report on "Crossing the Quality Chasm for Mental and Substance Abuse issues". She stated that there has been concern from the early time of the implementation of the HFP on the extent of utilization of the mental health benefit. Dr. Crowell explained that the bottom line of the report is that the quality problems in the health system will not be solved unless at the same time substance abuse and mental health issues are addressed on an integrated basis. Dr. Crowell also brought a copy of the executive summary of the report to pass around. She let the Panel know that they should take this report seriously and work with the mental health provider community to bring some of the same kind of recommendations back to the Board that are being discussed in the dental coverage areas.

Mr. Campana commented that he was pleased Proposition 63 passed because in the next fiscal year there is an estimated $750 million for the state and 20% goes to prevention of suicide and substance abuse. Mr. Campana stated that he is currently working with the Governor's Chancellor of Education and Deputy

Director of DMH on how they can establish guidelines for education and mental health to work together and set up policies and procedures.

Dr. Beck stated that it really behooves the Panel and HFP to look at how HFP can access or work with the Proposition 63 potential money, especially in the area of prevention in terms of mental health issues. She said the model that has been described in the report describes the initial stigma of mental health leading to low self esteem and one of the real issues about access to care is if people could start to determine the stigma at an early age.

Ms. Cummings stated that Dr. Crowell felt similarly and that is why at the Board meeting she asked the Chairman to meet with Mr. Darrell Steinberg, Chair of the Mental Health Services Oversight and Accountability Commission and Dr. Mayberg, Director of the Department of Mental Health.

Administrative Vendor Update and
Enrollment, Disenrollment, and Single Point of Entry Reports

Due to time constraints, the Administrative Vendor Update and the Enrollment, Disenrollment and Single Point of Entry Reports were provided as information for independent review as no significant changes noted.

Reports of Interest

Ms. Cummings wanted to point out that in the Centers for Medicare and Medicaid Services (CMS) Report, it was mentioned that there is a lot of innovation in the Single Point of Entry and CMS has said they are very impressed with the HFP administrative process.

Due to a lack of time, the other reports for Agenda item 12 were provided as information only for independent review.

Proposed Advisory Panel Meeting Dates

Ms. Lopez announced that the next HFP Advisory Panel meeting would be Wednesday May 3, 2006.